FILED JAN 29	1 11 18 11 1	HE DIVISION OF HE		_	ひむなみ
	ST CHOI	L -	ICATE OF DEATH	State File No	445
BIRTH NO	REG.	DIST. NO. 318	PRIMARY REG. DIST. NO.	003 - Registrar's No.	•
1. PLACE OF DEAT a. COUNTY	H		a. STATE MUSSON	' L COURTY	dans admi
b. CITY (If outside corpu OR TOWN St. LO	ouis, Missour	ad give c. LENGTH OF STAY (in this place)	c, CITY (If outside corporate OR TOWN 4744	limits, write RURAL and give town	mehip)
d. FULL NAME OF (II : HOSPITAL OR INSTITUTION	Barnes Ho	spital,	d. STREET 73/4	pural, size location) o Wheyel L	rise !
3. NAME OF a. DECEASED (Type or Print)	. (First) Alpha	b. (Middle)	c. (Last) Terry	4. DATE (Month) OF DEATH January	(Day) (Year 14 19
Fewale / Wh	ute we	RRIED, NEVER MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years of theory) least birthday) Months	
10a. USUAL OCCUPATION of the during most of working to	life, even if retired)	Some DUSTRY	11. BIRTHPLACE (State or for	MO.	12. CITIZENOFY COUNTRY?
13a. FATHER'S NAME	OKES	136. MOTHER'S MAIDEN	NAME 14.	NAME OF HUSBAND OR WIT	D'cd.
15. WAS DECEASED EVER (Yee, no, or unknown) (If yee	IN U.S. ARMED FORCES is, give war or dates of service N ()		17. INFORMANT'S S	1316- Hay	el aver
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	DISEASE OR CONDITION DIRECTLY LEADING TO	MEDICAL CON DEATH*(a)	entification in festinal	henonhage	INTERVAL BETWO
*This does not mean	ANTECEDENT CAUSES Morbid conditions, if any		poth proth	rombo anenie	1 yes
as heart failure, arthenia.	rise to the above cause (a) the underlying cause last.	stating DUE TO (c)	shows of l	iver his	18 ma
tion which caused death.	1. OTHER SIGNIFICANT Conditions contributing to related to the disease or con		ka'	0 //	
19a. DATE OF OPERA- 148 TION NOV. 148	MAJOR FINDINGS C	oporation chr. in	flymation.	oply done	20, AUTOPSY?
		CF INJURY (e.g., in or about m, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TOW	Nahip) / (COUNTY)	(STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (Hour), m.	21e. INJURY OCCURRED WHILE AT NOT WHILE WORK	21f. HOW DID INJURY OCC	UR?	,
22. I hereby certify the alive onJan	at I attended the deco	eased from Jan. 11		14, 19 49, that I la	ed above.
SIGNATURE OLL YA	earlmon	(Degree or title)		ospital.	23c. DATE SIG 1/14/49
24a. BURTAL, CREMA-	24b. DATE	24c. NAME OF CEMETER	· + 1/2	LOCATION (City, town, or cou	oty) (Stai
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATU	<u> </u>	enselong 16	S SIGNATURE	4_r7

STATEMENT BY LICENSED EMBALMED

STATEMENT BY LICENSED EMBA	LMER
I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	Student Embalmer No
vorking under my personal supervision.	

P. O. Address P.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.